

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 31

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Jason 2010					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	Janice	H	Stevenson			
4. TREASURER ADDRESS						
Street Address		City		State	Zip Code	
32 Sunset Hill Rd		Bethel		CT	06801	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
11/02/2010		State Representative			R002	
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	Jason	W.	Bartlett			
9. TYPE OF REPORT						
July 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
05/29/2010 thru 06/30/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
Electronic Filing		Janice Stevenson		07/11/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Jason 2010</b>	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$1,255.00</b>	<b>\$1,255.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$207.45</b>	<b>\$207.45</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$1,462.45</b>	<b>\$1,462.45</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$1,462.45</b>	<b>\$1,462.45</b>
20. Expenses Paid by Committee (Section N)	<b>\$33.24</b>	<b>\$33.24</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$1,429.21</b>	<b>\$1,429.21</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$234.20</b>	<b>\$234.20</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$329.58</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$329.58</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Jason 2010	Original 07/12/2010
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	<b>Subtotal Section A</b> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name Saadi	First Name Thomas	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0001	Amount of Contribution
Residential Street Address 24 Tobins Ct	City Danbury	State CT	Zip Code 06810	Date Received 05/29/2010	
Principal Occupation Attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	
Last Name Adams	First Name Taylor	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0002	Amount of Contribution
Residential Street Address 248 Greenwood Avenue	City Bethel	State CT	Zip Code 06801	Date Received 05/29/2010	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	
Last Name Gogliettino	First Name John	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0003	Amount of Contribution
Residential Street Address 129 Lake Pl	City Danbury	State CT	Zip Code 06813	Date Received 06/03/2010	
Principal Occupation Insurance Broker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Adams	First Name Kenneth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0004	Amount of Contribution
Residential Street Address 248 Greenwood Ave	City Bethel	State CT	Zip Code 06801	Date Received 06/03/2010	
Principal Occupation Finance	Name of Employer TIAA-CREF	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	









**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Jason 2010	Original 07/12/2010

### B. Itemized Contributions from Individuals

Last Name Carruthers		First Name Thomas		MI W		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0024		Amount of Contribution	
Residential Street Address 7 Vera Dr			City Bethel			State CT	Zip Code 06801		Date Received 06/29/2010		
Principal Occupation Entertainment			Name of Employer Self				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06292010N</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		

Last Name Cipot		First Name Lo		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0015	Amount of Contribution
Residential Street Address 13B Fleetwood Ave			City Bethel		State CT	Zip Code 06801		Date Received 06/29/2010
Principal Occupation Accountant		Name of Employer Memry Corporation			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06292010N</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00	

Last Name Johnson		First Name Lisa		MI M		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0014		Amount of Contribution	
Residential Street Address 76 Benedict Rd				City Bethel				State CT		Zip Code 06801		Date Received 06/29/2010	
Principal Occupation Hotel Sales Manager				Name of Employer Best Western Berkshire Inn				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06292010N</u> <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$25.00		\$25.00	

Last Name Garcia		First Name Magdalena		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0016	Amount of Contribution
Residential Street Address 143 Bradley St			City New Haven		State CT	Zip Code 06511	Date Received 06/29/2010	
Principal Occupation RE Specialist			Name of Employer Cartus			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06292010N</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00







**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE	
Jason 2010					Original 07/12/2010	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes      If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>Total of Section C1</b>						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Jason 2010	Original 07/12/2010

**C2. Reimbursements or Payments from other Committees**

Name of Committee Friends of Jason Bartlett			Name of Treasurer Janice H. Stevenson	
Address 32 Sunset Hill Rd			Date Received 06/08/2010	Amount of Receipt  \$195.00
City Bethel	State CT	Zip Code 06801	<input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services	
Name of Committee Friends of Jason Bartlett			Name of Treasurer Janice H. Stevenson	
Address 32 Sunset Hill Rd			Date Received 06/24/2010	Amount of Receipt  \$12.45
City Bethel	State CT	Zip Code 06801	<input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services	
<b>Total of Section C2</b>				<b>\$207.45</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Jason 2010	Original 07/12/2010

**D. Loans Received this Period**

Name of Lender				Source of Loan:  Bank  Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		

**Total of Section D**

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE		FILING DUE DATE
Jason 2010		Original 07/12/2010
<b>E. Personal Funds of the Candidate Received this Period</b>		
Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card
		<b>Total of Section E</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE
Jason 2010					Original 07/12/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Jason 2010	Original 07/12/2010

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received			Total Amount Received
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				



<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Jason 2010			Original 07/12/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary                      General or Special Election	Primary                      General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary                      General or Special Election		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE			FILING DUE DATE	
Jason 2010			Original 07/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
<b>Total of Section I</b>				

## II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Jason 2010	Original 07/12/2010

### J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 06/29/2010	Letter N	Dinner Event	4 Starr St	Danbury	CT 06810

Was this fundraising event hosted at a personal residence?

☐

Yes

☒

No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

☐

Yes

☒

No

Was this fundraiser a tag sale, auction, or other sale of donated items?

☐

Yes

☒

No

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jason 2010	Original 07/12/2010

### J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
<b>Total of Section J2</b>							

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jason 2010	Original 07/12/2010

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			
<b>Total of Section J3</b>						

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Jason 2010	Original 07/12/2010

#### K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution	
Street Address		City					State
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?				Yes
Individual		No	If yes, indicate which branch or branches of government the contract is with:				No
Committee			Executive			Legislative	
Is this contribution associated with a fundraising event listed in Section II?		Yes	Description of In-Kind Contribution			Aggregate contributions	
If yes, list Event#		No					
<b>Total of Section K</b>							

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Jason 2010	Original 07/12/2010

#### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Jason 2010				Original 07/12/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure A          B          C          D          E			
Total of Section M					



# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jason 2010						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Deluxe Checks					06/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
105 Route 46 W	Mountain Lakes	NJ	07046	BNK			
Description					Event #		
Checks for the bank account							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$18.50
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					06/23/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
LIBRARY PLACE	Bethel	CT	06801	POST			
Description					Event #		
Express mailing to SEEC							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$14.74
Total of Section N							\$33.24

**IV. EXPENDITURES**

NAME OF COMMITTEE						FILING DUE DATE	
Jason 2010						Original 07/12/2010	
<b>O. Campaign Expenses Paid By Candidate</b>							
Name of Payee Nick's Restaurant				Date of Payment 06/29/2010		Is Reimbursement Claimed?	
Street Address 4 Starr St				City Danbury		<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No	
State CT		Zip Code 06810					
Purpose of Expenditure FNDR		Description Restaurant costs				Event # 06292010N	
							\$234.20
<b>Total of Section O</b>							<b>\$234.20</b>

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Jason 2010					Original 07/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Jason 2010						Original 07/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Janice Stevenson				Date Incurred 06/03/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 32 Sunset Hill Rd			City Bethel			State CT	Zip Code 06801	
Purpose of Expenditure WEB	Description Domain name purchase							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought		\$81.73
Name of Creditor Janice Stevenson				Date Incurred 06/07/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 32 Sunset Hill Rd			City Bethel			State CT	Zip Code 06801	
Purpose of Expenditure POST	Description Express Postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought		\$13.65

# IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE		
Jason 2010				Original 07/12/2010		
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>						
Name of Creditor Jason Bartlett			Date Incurred 06/29/2010	Event # 06292010N	Amount Incurred (Estimate or Actual)	
Street Address 14 Highview Ter		City Bethel		State CT		Zip Code 06801
Purpose of Expenditure FNDR	Description					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Other Candidate(s) Name			Office Sought		\$234.20	
Total of Section Q					<b>\$329.58</b>	

# IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE		
Jason 2010				Original 07/12/2010		
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>						
Name of Worker/Consultant			Date of Payment		Method of Payment Check #	Amount
Secondary Payee			Purpose of Expenditure			
Street Address		City	State	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought	
Yes						
No						
<b>Total of Section R</b>						

# IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Jason 2010				Original 07/12/2010	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
Description					
Total of Section S					